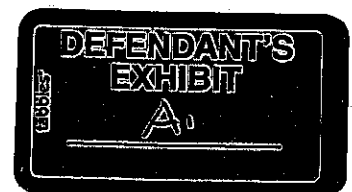


a Control number 41		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number (EIN) 36-██████████			1 Wages, tips, other compensation 1953.00		2 Federal income tax withheld 108.80
c Employer's name, address, and ZIP code LA MAGDALENA II, INC. 950 ELK GROVE TOWNE CENTER ELK GROVE VILLAGE IL 60007			3 Social security wages 1953.00		4 Social security tax withheld 121.08
			5 Medicare wages and tips 1953.00		6 Medicare tax withheld 28.32
			7 Social security tips		8 Allocated tips
d Employee's social security number ██████████			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name Suff. ██████████ ██████████ ██████████ ██████████ ██████████ ██████████			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number IL 36-4258728	16 State wages, tips, etc. 1953.00	17 State income tax 58.59	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
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a Control number 30		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number (EIN) 36-██████████			1 Wages, tips, other compensation 11850.00		2 Federal income tax withheld 1233.23
c Employer's name, address, and ZIP code LA MAGDALENA II, INC. 950 ELK GROVE TOWNE CENTER ELK GROVE VILLAGE IL 60007			3 Social security wages 11850.00		4 Social security tax withheld 734.70
			5 Medicare wages and tips 11850.00		6 Medicare tax withheld 171.83
			7 Social security tips		8 Allocated tips
			9 Advance EIC payment		10 Dependent care benefits
d Employee's social security number ██████████			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial Last name Suff. FERNANDO LOPEZ ██████████ ██████████			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State IL	Employer's state ID number 36-4258728	16 State wages, tips, etc. 11850.00	17 State income tax 355.50	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax
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